

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	TV NO.	DATE
FEE DETERMINATION	SL		3-22-01
O.I.P.E. CLASSIFIER		12	4/17
FORMALITY REVIEW	TH	953	05-03-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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